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Implementing Primary Eye Care for Migrant Farmworkers

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By Jillian Hopewell, MPA, MA

What is Primary Eye Care?

The principal goal of primary eye care is to decrease the incidence of preventable eye disease and vision impairment. In addition, primary eye exams can reveal systemic disease such as diabetes; other blood vessel, neurologic, and endocrine disorders. Most eye diseases and injuries can be prevented by simple individual and community activities in the field of public health, injury prevention, and nutrition. An effective primary and preventive eye care program will prepare the community to recognize and prevent many eye problems.

While many migrant health centers provide some level of curative eye care services, fewer have instituted a comprehensive primary eye care program that encompasses a significant amount of preventive eye care. According to Victoria Sheffield in "Training for Primary and Preventive Eye Care":

> Early treatment and/or appropriate referral in the early stages of infection or injury will decrease avoidable blindness... blindness prevention programs should... establish a program of education in primary and preventive eye care...***general health workers (non-ophthalmic specialists) should be trained in the concepts of primary and preventive eye care.***[1]

The World Health Organization says, "...it is clear that the primary care worker is the fundamental basis on which a very important part of the population's eye health depends. Hence, he/she should have a broad, sound knowledge that will enable him/her to recognize eye disease at an early stage and know what to do about them."[2]

Implementing Primary Eye Care

MCN is committed to assisting Migrant Health Centers and/or outreach teams in developing and implementing effective primary eye care programs tailored for local needs and resources. Primary eye care can be integrated very effectively into existing primary health care programs. The addition of primary eye care adds a service that is not only highly desired by the client population, but one that is both feasible and rewarding to implement.

MCN recently completed a primary eye care needs assessment survey among migrant health clinics. One of the findings of the survey was that while health centers might be interested in primary eye care, many were uncertain about the content and implementation of a primary eye care program.

The exact profile of primary eye care programs will differ depending on local circumstances. However, there are a number of common elements that can serve as a guide for MHCs that are interested in implementing an eye care project. A brief description of these elements follows. A more complete description is found in MCN's *Primary Eye Care Manual for Migrant Farmworker Populations*, which will be available upon request shortly.

Primary Eye Care Services

Primary eye care activities can take place in an outreach, clinic, or referral setting. Activities can include vision and disease/injury screening, education, referrals for prescriptions or treatment, and the provision of low-cost glasses.

Screening

While a number of clinics provide some variety of eye care screening for people (often children) when they present at the clinic, very few clinics have a system that provides a more general screening of the farmworker population.

General health care workers can screen for vision and other eye problems in a variety of settings including: health fairs, migrant farmworker camps, schools, churches, one-on-one visits, and other arranged group settings. Several tools exist for effective vision screening including the Snellen Chart and the Focometer™. In addition to vision problems, there are a number of other eye problems that can either be treated simply in the field, or,

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1. Sheffield, Victoria M., "Training for Primary and Preventive Eye Care", *Social Science and Medicine*, Volume 17, No. 22, pg. 1797-1808, 1983

2. World Health Organization, "Primary Eye Care Manual", Scientific Publication No. 490, 1985

Notes From the Field

Primary Eye Care

by Selina Zygmunt

Editor's Note: MCN's pilot primary eye care project was implemented in Pennsylvania during March and April, 1996. The project is a joint effort between Berks County Migrant Health Outreach and the Pennsylvania School of Optometry. Members of the Migrant Health Outreach Team conducted initial screenings in a number of farmworker camps. Staff and students from the Pennsylvania School of Optometry held periodic, full-day secondary screenings for all people found to have a problem during the initial screening. Rural Opportunities, Inc. is participating as the project expands to Northeast Pennsylvania in the summer of 1996.

In Berks County, Pennsylvania, the primary eye care project is part of an ongoing community-based, coordinated effort to eliminate or reduce barriers to health care services for the more than 10,000 farmworkers laboring in the county. Predominantly Mexican, these farmworkers tend the mushroom houses, dairy and poultry farms, orchards, plant nurseries, and packing houses.

Under the direction of Muhlenberg College, participating organizations work in close partnership with growers, local hospitals, Migrant Education, Planned Parenthood, Latino Social Services, Catholic Charities and the Migrant Clinicians Network. The participating organizations are the American Lung Association, Berks AIDS Network, PA Department of Health, PA Migrant Education, the nursing faculty of Reading Area Community College, and Rural Opportunities Inc. Their collective goal is to bring health and educational services to migrant and seasonal farmworkers.

Berks County's unique working partnership between public and private sectors features a shared health and education outreach team, as well as an advisory committee. This arrangement provides for a crossover of pertinent information among the various branches of the outreach project, known collectively as

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ing these strictures. Georgia migrant health sites, for example, are not even being presented with MCO plan cards by migrant from Florida, as out-of-state provider reimbursement arrangements are even more convoluted under MCO-based Medicaid managed care than they were previously.

IV. Resources for Further Information

The Bureau of Primary Health Care (BPHC) has developed one- and two-day training curricula on aspects of managed care: contracting, networking, MIS considerations, Board issues, and more. These are presented at the quarterly or annual meetings of state primary care associations.

Training conferences, such as those offered by the National Association of Community Health Centers (NACHC), also include sessions on many aspects of managed care, for clinicians as well as administrators. The 1996 Annual Migrant Health and Migrant Clinical Issues Conference held in May in Nashville, Tennessee, had several such sessions. Contact NACHC at (202) 659-8008 for more information about upcoming conferences.

BPHC in 1995 released two self-assessment tools for centers to prepare for managed care: one on external issues, a "Market Area" self-assessment tool; the other on internal operations, such as clinic management, MIS, and quality assurance. These can be obtained from the National Primary Care Clearinghouse at (703) 821-8955, ext. 248.

Conclusion

This article has touched on several internal and external aspects of the impact of managed care in migrant health. Please assist us in drawing from your experiences to share with others. Call, write or e-mail to MCN (mcn@onr.com) your observations on any aspect of managed care operations of interest in your clinic, network or state. Such input will enable us to present a spectrum of specific impact on migrant health in future installments. For questions about this article, the series, or your training needs, please contact the author at (202) 363-0814, or by e-mail to: dave.cavenaugh@access.gov on the HHS Access bulletin board. MCN can be reached at P.O. Box 164285, Austin, Texas 78716; 512/327-2017 (voice), or 512/327-0719 (fax).

David Cavenaugh is a Washington, D.C.-based consultant to migrant and community health centers on the transition to managed care, especially for rural and migrant centers. He works directly with centers and through Bureau training and monitoring contracts on the networking, data system and internal analysis changes which managed care requires.

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Migrant Health Outreach.

More than 50 mushroom harvesters, ages 17 through 39, were screened during the first two weeks of the primary eye care project. Approximately half of those screened were referred to the Pennsylvania School of Optometry. Referrals are given for people with suspected refractive errors and/or eye problems including scratched corneas, conjunctivitis, and pterygium.

Data collected during the eye care screening becomes part of the client's permanent medical record. Relevant information about the client's overall health status, gathered during the eye care screening, is conveyed to the optometrists working with the project to assist them in properly assessing the client. Pertinent information would include conditions such as diabetes, high blood pressure, cholesterol, tuberculosis, and sexually transmitted diseases.

Education on the prevention of eye injuries was provided during the eye care screenings. It is also reinforced during pesticide training for the farmworkers.

Most of the farmworkers in the pilot project were not available for screening until the end of the day or early evening due to harvesting schedules. Poor lighting conditions in the work camps forced the screenings outside into the sunlight — and the cold — whenever possible, since the Focomoter™ is easiest to use in even lighting.

It takes approximately 15 minutes to screen each worker, including the intake interview. But for the farmworkers, the majority of whom had never had an eye exam, the long wait for their turn was no problem. They were vocal in their gratitude for the opportunity to have their eyes checked, and eager to help in the process.

The screening quickly became a camp event. The men took turns holding the eye chart, teaching and assisting each other to use the Focomoter™, and prompting each other's memories when histories were being taken.

Although the mushrooms are grown in the dark, many of the men pick fruit or prune trees during slow times in the mushroom industry. It became evident early on that the sunglasses, intended as an inducement to the eye screening project, would actually play an important role in preventive care. None of the farmworkers screened wore sunglasses outdoors, not even when their work required them to look skyward most of the day. UV damage, ranging from serious retinal injury to near continually red eyes, are a fact of life for many of these men.

We anticipate being able to screen more than 400 workers over the next few months. This is just the beginning. With our new skills, low-cost tools and the opportunity to sell glasses to supplement our resources, we can both sustain and expand these efforts.

Building on the successful start we have had with this project, many participating organizations in Migrant Health Outreach have agreed to expand into counties beyond Berks County. We are excited about the prospect of bringing this project to more people.

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when a more serious problem presents, can be referred to an ophthalmic professional.

Education

Education about the prevention of eye problems goes hand-in-hand with screening activities. The most effective education occurs one-on-one as a person is going through the screening process. However, printed or visual preventive messages left in the community or available at the clinic can also be very effective. Primary eye care education messages should stress injury prevention, UV protection, hygiene, and nutrition.

Referrals for prescriptions or treatment

Screening efforts are only useful if there is the ability to refer individuals with problems to an ophthalmic professional. A few health centers may have an ophthalmic professional on staff. But, most health centers will have to rely on referrals to outside sources. Communities that are reasonably close to a School of Optometry can sometimes arrange for services through these institutions. Other communities must rely on the local ophthalmic community to provide low-cost or free services to the farmworker population.

Provision of glasses

Once a prescription has been provided by an ophthalmic professional, trained MHC or outreach staff can dispense glasses to fit to an individual. MCN has a link with Morrison International, a company whose mission is to provide corrective eyewear of a high optical quality at a low price. Morrison International sells an eye glass collection called Instant Eyeglasses™, which are designed to fit an individual's prescription and be dispensed in only a few minutes. The glasses are sold at a very low cost, and the profits can be put back into the primary eye care project.

In addition, sunglasses can be provided either free of charge or for a small fee. The sunglasses can be used as an incentive to bring people in while also serving to prevent UV damage, a serious problem among farmworkers.

The Next Step

MCN is available to assist MHCs and outreach teams that wish to implement some or all of these elements of a primary eye care project. The services we are able to provide include the following:

- A Primary Eye Care Manual for Working with Farmworker Populations
- Training assistance for your staff
- Assistance with acquiring vision screening tools
- Assistance with developing a starter kit, including glasses and educational materials
- Sample protocols
- Possible ophthalmic professional contacts in your area

If you would like further information about primary eye care programs, please contact Jillian Hopewell at MCN, (512)327-2017.

News Flashes

- *The issue brief, Rural Healthcare Providers and the Law*, is available from the North Carolina Rural Health Research Program. This publication summarizes those laws most relevant to rural providers. To receive a copy, or for additional information, call Diana Osborne at (919) 966-5386.
- *The Office of the Administrator for the Health Resources and Services Administration* has recently issued the document, Use of Zidovudine (ZDV) To Reduce Perinatal Transmission in HRSA-Funded Programs. It provides practical implementation strategies for establishing and maintaining standards for ZDV perinatal regimen for pregnant women infected with HIV.
- *The Pine Tree Chapter of the American Red Cross* will receive two national awards. The first, a Ten-by-Ten President's Award from the national Red Cross, is given in recognition of Pine Tree's support for increased cultural diversity and sensitivity. The second, from the National AIDS Foundation, is for their role in the successful MSFW HIV/AIDS Outreach Project.
- *The Robert Wood Johnson Community Health Leadership Program* is seeking nominations for ten outstanding individuals to be honored for their work in creating or enhancing health care programs serving communities whose needs have been ignored and unmet. Nominations must be submitted by individuals who have been personally inspired by the nominee. Contact: CHLP, 30 Winter Street, Suite 1005, Boston, MA 02108.
- *Westview Press has recently published "AIDS Crossing Borders."* This book provides a comprehensive look at a taboo subject concerning a traditionally maligned population. Noting that farmworkers are vital components of the US labor force, and not boundary transgressors who bring diseases, this volume highlights the impact and characteristics of this disease on a population with limited access to primary health care.
- *The US Environmental Protection Agency (EPA) will conduct public meetings* concerning the Worker Protection Standard (WPS) regulations. The meetings are intended to provide an opportunity for participants to share personal experiences and perspectives on the WPS. Please see the Streamline Calendar for dates and contacts.
- *Clinicians should be prepared to see more farmworkers* facing chronic unemployment, group living arrangements in rooms without utilities and greater movement in search of work. Bad weather experienced in parts of Washington, Oregon, West Virginia and Florida, and the absence of rain in Texas will make agricultural labor opportunities scarce in these regions.

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Worker Protection Standard (WPS) Public Meetings

Pasco, Washington; June 19, 1996
Contact: Allan Welch, (206) 553-1980

Biglerville, Pennsylvania; June 26, 1996
Contact: Magda Rodriguez-Hunt, (215) 597-0442, ext. 2

Fresno, California; July 23, 1996

Monterrey, California; July 25, 1996
Contact: Don Wood, (415) 744-1114

Portageville, Missouri; August 7, 1996
Contact: Glen Yager, (913) 551-7296 or Kathleen Fenton, (913) 551-7874

Tipton, Indiana; August 21, 1996
Contact: Don Baumgartner, (312) 886-7835

Calendar

Ninth Annual Holistic HIV/AIDS Conference
Rhinebeck, New York
May 29-June 2, 1996
Information: Charles Robbins, AIDS, Medicine & Miracles
(303) 447-8777

National MultiCultural Institute
Washington, D.C.
May 30-June 2, 1996
Information: Laura Shipler
(202) 483-0700

American Diabetes Association: 56th Annual Meeting & Scientific Sessions
San Francisco, California
June 8-11, 1996
Information: Jacy Hanson
(703) 549-1500

Humanizing Healthcare: Renewing the Spirit of Our Work
Albuquerque, New Mexico
June 9-12, 1996
Information: Assoc. for the Care of Children's Health
(800) 960-ACCH

Global Health: Future Risks, Present Needs
Arlington, Virginia
June 9-12, 1996
Information: National Council for International Health
(202) 833-5900, ext. 214

12th Annual National Rural Institute on Alcohol and Drug Abuse Conference
Eau Claire, Wisconsin
June 9-13, 1996
Information: Doug Stevens, University of Wisconsin-Eau Claire
(715) 836-5916

American Nurses Association: Celebrating 100 Years
Washington, D.C.
June 14-19, 1996
Information: American Nurses Association
(202) 651-7203

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